

Case Number:	CM13-0002524		
Date Assigned:	03/21/2014	Date of Injury:	06/25/2008
Decision Date:	04/22/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	07/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 44-year-old female with an industrial injury on 6/25/08. MRI of left knee from 10/30/08 noted mild lateral tilt of the patella and possible subchondral bone contusion. Exam notes from 6/13/13 demonstrate patient has constant left knee pain that radiates to foot. Pain is rated 6/10. Extension is at 0 degrees and flexion is at 135 degrees. X-rays show mild medial compartment joint space narrowing. Moderate valgus deformity with obvious swelling and lateral tracking patella is noted. There is tenderness over the medial joint line and medial collateral ligament. There is also pain on the lateral aspect of the patella. The request is for cold therapy unit (rental or purchase).

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

COLD THERAPY UNIT (RENTAL OR PURCHASE): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Continuous Cryotherapy.

Decision rationale: The California MTUS/ACOEM is silent on the issue of cold therapy unit. ODG recommends up to 7 day postoperative usage. As the request does not specify a time frame for usage, determination is for non-certification.

3-IN-1 COMMODE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Knee and Leg Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Durable Medical Equipment.

Decision rationale: The California MTUS/ACOEM is silent on the issue of 3-in-1 commode. ODG criteria has not been met in this claimant for DME as there is no evidence in the records of a functional deficit to warrant a 3-in-1 commode. Therefore determination is for non-certification.